A. Licensee Details

|  |  |  |  |
| --- | --- | --- | --- |
| Company or Proprietor name:(Please provide limited company name or details of sole trader/partnership as applicable) |       | Company Reg.no: (as appears on Bermuda Registrar of Companies certificate) |       |
| Postal address: |            |
| Primary contact name: |       | Position: |       |
| Telephone number: |       | E-Mail:  |       |

B. Premises Details

|  |  |
| --- | --- |
| Premises Name: |       |
| Address: |       |
| Telephone number: |       | E-Mail:  |       |
| Website: |       |

C.1) Background music in staff areas

*Please provide:*

|  |  |  |  |
| --- | --- | --- | --- |
| Areas where music is used. *(such as office areas, factory floors, canteens etc.)* | Number of employees | Working days per annum  | Hours of operation per day |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

C.2) Background music in miscellaneous areas

|  |  |  |
| --- | --- | --- |
| **Area name or description** | **Seating capacity**  | **Sources audible in this room***(please source(s) of music as appropriate)* |
| *(please enter name or type of room e.g. Reception area, waiting rooms, meeting rooms)* | *(please provide area in square feet)* | TerrestrialTV | Cable/Satellite TV | Radio | CD Player/Digital Music Device | Music Centre/Hi-Fi System | Video Player |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

C.3.) Music on hold

|  |  |
| --- | --- |
| Please provide the number of external lines with music on hold.  |       |

C.4.) Staff gyms

|  |  |  |
| --- | --- | --- |
| **Area name or description** | **Seating capacity**  | **Sources audible in this room***(please source(s) of music as appropriate)* |
| *(please enter name or type of room e.g. workout area, weights room)* | *(please provide area in square feet)* | TerrestrialTV | Cable/Satellite TV | Radio | CD Player/Digital Music Device | Music Centre/Hi-Fi System | Video Player |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Music in aerobic and/or other forms of fitness classes

*Please provide the area name and the number of aerobic, keep fit and dancing classes per annum*

|  |  |
| --- | --- |
| **Area name or description** | **Number of classes/events**  |
|       |       |
|       |       |
|       |       |
|       |       |

**D. Additional Information**

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|       |

**D.1)** Please provide any additional music usage information appropriate to this application below (For example corporate events and presentations where music is used – please provide capacity and number of sessions per year)